

IT IS EXPECTED THAT A QUORUM OF THE PERSONNEL COMMITTEE, BOARD OF PUBLIC WORKS, PLAN COMMISSION, WILL BE ATTENDING THIS MEETING; (ALTHOUGH IT IS NOT EXPECTED THAT ANY OFFICIAL ACTION OF ANY OF THOSE BODIES WILL BE TAKEN)

**CITY OF MENASHA**  
**Administration Committee**  
**140 Main Street, 3rd Floor Council Chambers**  
April 21, 2008

6:15 PM

**AGENDA**

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**1. CALL TO ORDER**

**A. Call to Order**

**2. ROLL CALL/EXCUSED ABSENCES**

**A. Roll Call**

**3. MINUTES TO APPROVE-MINUTES & COMMUNICATIONS TO RECEIVE**

**Minutes to approve:**

**A. Administration Committee Minutes, 4/7/08 & 4/15/08**

☐

[Attachments](#)

**4. DISCUSSION**

**A. Application of Wiseguys Pizzeria & Pub LLC, 1440 S. Oneida Street, Menasha, Brenda Jorgensen, agent for Reserve Class B Liquor License for the 2007-2008 licensing year.**

☐

[Attachments](#)

**B. Authorization to request funds from Winnebago County Commission on Aging for 2009: 1) Senior Center Activity Coordinator; 2) Senior Center Supervisor; 3) 60+ Health Program, and authorize signatures.**

☐

[Attachments](#)

**C. Approval of Declaration of Official Intent to Advance Funds, Water Main and Service Replacement on Third Street prior to DOT project.**

☐

[Attachments](#)

**D. R-7-08 Resolution Continuing Appropriations**

☐

[Attachments](#)

**E. R-8-08 Resolution Transferring/Appropriating Funds**

☐

[Attachments](#)

**F. R-9-08 - Resolution Designating Public Depository and Authorizing Withdrawal of County, City, Village, Town or School District Moneys**

☐

[Attachments](#)

**G. Accounts payable and payroll for 4/10/08 - 4/17/08 in the amount of \$1,892,933.36**

☐

[Attachments](#)

**5. ADJOURNMENT**

**A. Adjournment**

"Menasha is committed to its diverse population. Our Non-English speaking population or those with disabilities are invited to contact the Menasha City Clerk at 967-3600 24 hours in advance of the meeting so special accommodations can be made."

**CITY OF MENASHA**  
**Administration Committee**  
**City Hall-140 Main St.-Council Chambers-3rd Floor**  
April 7, 2008

**MINUTES**

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**1. CALL TO ORDER**

Meeting called to order by Vice-Chairman Eckstein at 6:45 p.m.

**2. ROLL CALL/EXCUSED ABSENCES**

**A. Roll Call**

PRESENT: Ald. Chase, Merkes, Taylor, Hendricks, Eckstein, Michalkiewicz  
EXCUSED: Ald. Wisneski, Pack  
ALSO PRESENT: Mayor Laux, PC Stanke, DPW Radtke, CDD Keil, PRD Tungate,  
PHD Nett, C/T Stoffel, Clerk Galeazzi, the Press

**3. MINUTES TO APPROVE-MINUTES & COMMUNICATIONS TO RECEIVE**

**Minutes to approve:**

**A. Administration Committee, 3/17/08**

Moved by Alderman Michalkiewicz, seconded by Alderman Chase to approve Administration Committee Minutes, 3/17/08

**Motion** Carried on voice vote

**Results:**

**4. DISCUSSION**

**A. Agreement for Engineering Consulting Services - Vierbicher Associates and authorize signature.**

CDD Keil and PRD Tungate explain with the Council adopting Resolution R-4-08 authorizing participation in the Wisconsin Dept. of Commerce Planning Grant program staff prepared a request for proposal for planning and engineering design services. The RFP was given to several consulting firms. Three firms were interviewed and Vierbicher Associates was selected as the best candidate to do the work. Source of funds to cover the cost of the consulting services will come from funds left in the 2007 Community Development Outside Service Account, the developer, Whitewater Park Study Group and Winnebago County Economic funds.

**B. Request to recind Personal Property Taxes**

Ald. Chase stated her conversation with C/T Stoffel explained the over tax was an honest mistake and the public needs to know the City is a fair place to do business.

**C. Request from the Locker Room, 800 Plank Rd., to serve alcohol on their back deck from April 8, 2008 to November 30, 2008**

No Questions or Discussion

**D. Accounts payable and payroll for 3/20/08-4/3/08 in the amount of \$1,546,778.63**

Ck. #16260-Roy Rogers-\$112.64 – reimburse for chop suey lunch at Senior Center  
Ck. #16422-Fox Cities Chamber Foundation-\$338.00 – Chamber membership dues for City  
Ck. #16435-Manderfield Bakery-\$15.50 – donuts for Health Dept. event  
Ck. #16222-Airgas North Central-\$5,227.04 – welding equipment for Public Works Facility

**5. ADJOURNMENT**

**A. Adjournment**

Moved by Alderman Michalkiewicz, seconded by Alderman Chase to adjourn at 7:30 p.m

**Motion** Carried on voice vote

**Results:**

*Deborah A. Galeazzi*

Respectfully submitted by Deborah A. Galeazzi, City Clerk

**CITY OF MENASHA**  
**Administration Committee**  
**140 Main Street, 3rd Floor Council Chambers**  
April 15, 2008

**MINUTES**

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**1. CALL TO ORDER**

Meeting called to order by Clerk Galeazzi at 7:53 p.m. .

**2. ROLL CALL/EXCUSED ABSENCES**

**A. Roll Call**

PRESENT: Ald. Taylor, Wisneski, Pack, Hendricks, Zelinski, Benner

EXCUSED: Ald. Michalkiewicz

ALSO PRESENT: Mayor Merkes, Appleton City Attorney Ellen Totzke, PC Stanke, FC Vander Wyst, DPW Radtke, CDD Keil, C/T Stoffel, PHD Nett, Clerk Galeazzi, and the Press.

**3. ACTION ITEMS**

**A. Election of Chairman**

Moved by Ald. Taylor, seconded by Ald. Hendricks to nominate Ald. Wisneski for Chairman of Administration Committee.

No other nominations. Clerk instructed to cast a unanimous ballot declaring Ald. Wisneski Chairman of Administration Committee for one year effective immediately.

**Ald. Wisneski continued the meeting.**

**B. Election of Vice-Chairman**

Moved by Ald. Hendricks, seconded by Ald. Pack to nominate Ald. Taylor for Vice-Chairman of Administration Committee.

No other nominations. Clerk instructed to cast a unanimous ballot declaring Ald. Taylor Vice-Chairman of Administration Committee for one year effective immediately.

**4. ADJOURNMENT**

**A. Adjournment**

Moved by Ald. Hendricks, seconded by Ald. Taylor to adjourn at 7:55 p. m.

*Deborah A. Galeazzi*

Respectfully submitted by Deborah A. Galeazzi, City Clerk

# ORIGINAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

For the license period beginning APRIL 21 20 08  
ending JUNE 30 20 08

TO THE GOVERNING BODY of the: ☐ Town of  
☐ Village of } MENASHA  
☒ City of }

County of WINNEBAGO Aldermanic Dist. No. \_\_\_\_\_ (if required by ordinance)

1. The named ☐ INDIVIDUAL ☐ PARTNERSHIP ☒ LIMITED LIABILITY COMPANY  
☐ CORPORATION/NONPROFIT ORGANIZATION

hereby makes application for the alcohol beverage license(s) checked above.

2. Name (individual/partners give last name, first, middle; corporations/limited liability companies give registered name): ▶

WISEGUYS PIZZERIA + PUB LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the name, title, and place of residence of each person.

Title	Name	Home Address	Post Office & Zip Code
President (Member)	Member	Brenda Jorgensen	1019 Brighton Dr Menasha 54952
Vice President (Member)	Member	Lance J. Haen	1019 Brighton Dr Menasha 54952
Secretary (Member)	Member	Jerome A. Haen	57 Bellvue Place Appleton 54913
Treasurer (Member)	Member	Jason C. Haen	4369 Sugar Maple Lane Appleton 54913
Agent ▶	OWNER	BRENDA JORGENSEN	1019 BRIGHTON DR. MENASHA, WI 54952

Directors/Managers

3. Trade Name ▶ WISEGUYS PIZZERIA + PUB Business Phone Number 920-830-8336

4. Address of Premises ▶ 1440 S. ONEIDA ST. MENASHA, WI Post Office & Zip Code ▶ 54952

5. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? ☒ Yes ☐ No
6. Is the applicant an employee or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
7. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? ☐ Yes ☒ No
8. (a) Corporate/limited liability company applicants only: Insert state WI and date 1-15-08 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? ☐ Yes ☒ No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☒ No

(NOTE: All applicants explain fully on reverse side of this form every YES answer in sections 5, 6, 7 and 8 above.)

9. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) SUITE J OF A STRIP MALL
10. Legal description (omit if street address is given above): \_\_\_\_\_
11. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ☐ Yes ☒ No
- (b) If yes, under what name was license issued? \_\_\_\_\_
12. Does the applicant understand they must file a Special Occupational Tax return (TTB form 5630.5) before beginning business? [phone 1-800-937-8864] ☒ Yes ☐ No
13. Does the applicant understand a Wisconsin Seller's Permit must be applied for and issued in the same name as that shown in Section 2, above? [phone (608) 266-2776] ☒ Yes ☐ No
14. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

**READ CAREFULLY BEFORE SIGNING:** Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signers. Signers agree to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants and each member of a partnership applicant must sign; corporate officer(s), members/managers of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

SUBSCRIBED AND SWORN TO before me

this 3 day of APRIL, 20 08

My commission expires \_\_\_\_\_

Brenda Jorgensen  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner/Individual)

Lance J. Haen  
(Officer of Corporation/Member/Manager of Limited Liability Company /Partner)

(Additional signers (s) Member/Manager of Limited Liability Company if Any)

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk <u>4/3/08</u>	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued

Applicant's Wisconsin Seller's Permit Number: <u>456-0000149773-03</u>	
Federal Employer Identification Number (FEIN): <u>75-3264424</u>	
<b>LICENSE REQUESTED ▶</b>	
<b>TYPE</b>	<b>FEE</b>
<input type="checkbox"/> Class A beer	\$
<input type="checkbox"/> Class B beer	\$
<input type="checkbox"/> Wholesale beer	\$
<input type="checkbox"/> Class C wine	\$
<input type="checkbox"/> Class A liquor	\$
<input type="checkbox"/> Class B liquor	\$
<input checked="" type="checkbox"/> Reserve Class B liquor	\$ <u>10,000.00</u>
Publication fee	\$ <u>50.00</u>
<b>TOTAL FEE</b>	\$

# **SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/NONPROFIT ORGANIZATION OR LIMITED LIABILITY COMPANY**

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town/Village/City of MENASHA County of WINNEBAGO

The undersigned duly authorized officer(s)/members/managers of WISEGUYS PIZZERIA + PUB LLC  
(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

WISEGUYS PIZZERIA + PUB  
(trade name)

located at 1440 S. ONEIDA ST. SUITE J, MENASHA, WI 54952

appoints BRENDA JORGENSEN  
(name of appointed agent)

1019 BRIGHTON DR. MENASHA, WI 54952  
(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?  
☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☐ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 14 yrs.

Place of residence last year: 1019 BRIGHTON DR. MENASHA, WI 54952

For: WISEGUYS PIZZERIA + PUB LLC  
(name of corporation/organization/limited liability company)

By: BRENDA JORGENSEN  
(signature of Officer/Member/Manager)

And: \_\_\_\_\_  
(signature of Officer/Member/Manager)

## **ACCEPTANCE BY AGENT**

I, BRENDA JORGENSEN  
(print/type agent's name), hereby accept this appointment as agent for the corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

BRENDA JORGENSEN 4-1-08  
(signature of agent) (date)  
1019 BRIGHTON DR. MENASHA, WI 54952  
(home address of agent)

Agent's age           

Date of birth           

## **APPROVAL OF AGENT BY MUNICIPAL AUTHORITY** (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on April 17, 2008 by Rod Hand Title Chief of Police  
(date) (signature of proper local official) (may be chief, village president, police chief)

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name) <u>Hagen</u> (First Name) <u>Jason</u> (Middle Name) <u>C.</u>		SOCIAL SECURITY NUMBER <u>[REDACTED]</u>	
HOME ADDRESS (Street/Route) <u>4369 Sugar Maple Lane</u>		POST OFFICE <u>Appleton</u>	STATE <u>WI</u> ZIP CODE <u>54913</u>
HOME PHONE NUMBER <u>920-774-1945</u>	AGE <u>[REDACTED]</u>	DATE OF BIRTH <u>[REDACTED]</u>	PLACE OF BIRTH <u>Appleton</u>

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an individual.
- ☒ A member of a partnership which is making application for an alcohol beverage license.
- ☐ \_\_\_\_\_ of \_\_\_\_\_

(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)  
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

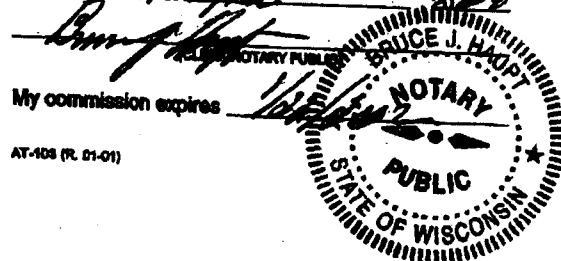
- How long have you continuously resided in Wisconsin prior to this date? Since 1973
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? . Yes ☐ No ☒  
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? .... Yes ☐ No ☒  
(If yes, describe status of charges pending.)
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ..... Yes ☐ No ☒  
(If yes, identify.) \_\_\_\_\_  
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? ..... Yes ☐ No ☒  
(If yes, identify.) \_\_\_\_\_  
(NAME OF WHOLESALE LICENSEE OR PERMITTEE) (ADDRESS BY CITY AND COUNTY)
- Named individual must list in chronological order last two employers.  

Employer's Name <u>Van's Realty Construction</u>	Employer's Address <u>2525 S. Oneida St Appleton WI</u>	From <u>1995</u>	Employed To <u>present</u>
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The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 2 day of April



My commission expires

(SIGNATURE OF NAMED INDIVIDUAL)

Printed on Recycled Paper  
Wisconsin Department of Revenue

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name) <b>HAEN</b> (First Name) <b>Jerome</b> (Middle Name) <b>A.</b>		SOCIAL SECURITY NUMBER	
HOME ADDRESS (Street/Route) <b>57 Bellevue Place</b>		POST OFFICE <b>Appleton</b>	STATE <b>WI</b> ZIP CODE <b>54913</b>
HOME PHONE NUMBER <b>920 734 6485</b>	AGE	DATE OF BIRTH	PLACE OF BIRTH

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an individual.
- ☒ A member of a partnership which is making application for an alcohol beverage license.

☐ \_\_\_\_\_ of \_\_\_\_\_  
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NON-PROFIT ORGANIZATION)  
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? \_\_\_\_\_
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? . Yes ☐ No ☒  
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? .... Yes ☐ No ☒  
(If yes, describe status of charges pending.)
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ..... Yes ☐ No ☒  
(If yes, identify.) \_\_\_\_\_  
(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? ..... Yes ☐ No ☒  
(If yes, identify.) \_\_\_\_\_  
(NAME OF WHOLESALE LICENSEE OR PERMITTEE)

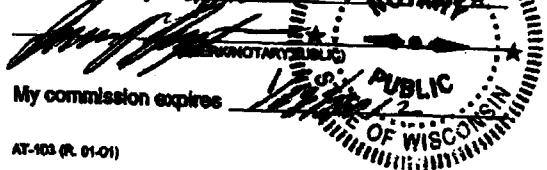
6. Named individual must list in chronological order last two employers. (ADDRESS BY CITY AND COUNTY)

Employer's Name	Employer's Address	From	Employed To
<b>Retired</b>			

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this **2** day of **April**



My commission expires

(SIGNATURE OF NAMED INDIVIDUAL)



# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name) <b>HAEN</b> (First Name) <b>LANCE</b> (Middle Name) <b>Jerome</b>		SOCIAL SECURITY NUMBER [REDACTED]	
HOME ADDRESS (Street/Road) <b>W 6986 Hickory NOT TRAIL</b>		POST OFFICE <b>APPLETON</b>	STATE <b>WI</b> ZIP CODE <b>54914</b>
HOME PHONE NUMBER <b>920 738 0614</b>	AGE [REDACTED]	DATE OF BIRTH [REDACTED]	PLACE OF BIRTH <b>APPLETON</b>

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an individual.
- ☒ A member of a partnership which is making application for an alcohol beverage license.
- ☐ \_\_\_\_\_ of \_\_\_\_\_

(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)  
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? **SINCE 1970**
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? . Yes ☐ No ☒  
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? .... Yes ☐ No ☒  
(If yes, describe status of charges pending.)
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ..... Yes ☐ No ☒  
(If yes, identify.) \_\_\_\_\_
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? ..... Yes ☐ No ☒  
(If yes, identify.) \_\_\_\_\_

(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)

(NAME OF WHOLESALE LICENSEE OR PERMITTEE)

(ADDRESS BY CITY AND COUNTY)

6. Named individual must list in chronological order last two employers.

Employer's Name <b>VANS Realty + Construction</b>	Employer's Address <b>2525 S. Oneida St. Appleton WI</b>	Employed From <b>1985</b>	To <b>Present</b>
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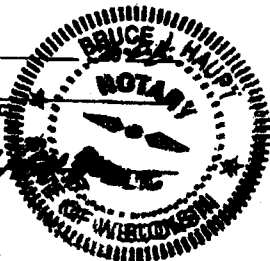
The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 2 day of April

*[Signature]*  
(CLERK/NOTARY PUBLIC)

My commission expires VI



*[Signature]*  
(SIGNATURE OF NAMED INDIVIDUAL)

# AUXILIARY QUESTIONNAIRE ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk.

INDIVIDUAL'S FULL NAME (Please Print) (Last Name) <b>JORGENSEN</b> (First Name) <b>BRENDA</b> (Middle Name) <b>JOAN</b>		SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
HOME ADDRESS (Street/Route) <b>1019 BRIGHTON DR. MENASHA</b>		POST OFFICE <b>[REDACTED]</b>	STATE <b>WI</b> ZIP CODE <b>54952</b>
HOME PHONE NUMBER <b>920-969-9316 (C) 920-277-9140</b>	AGE <b>[REDACTED]</b>	DATE OF BIRTH <b>[REDACTED]</b>	PLACE OF BIRTH <b>ECONOMOWOC, WI</b>

The above named individual provides the following information as a person who is (check one):

- ☐ Applying for an alcohol beverage license as an individual.
- ☐ A member of a partnership which is making application for an alcohol beverage license.
- ☒ AGENT of WISEGUYS PIZZERIA + PUB LLC  
(Officer/Director/Member/Manager/Agent) (NAME OF CORPORATION, LIMITED LIABILITY COMPANY OR NONPROFIT ORGANIZATION)  
which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? 14 yrs.
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any municipality? . Yes ☐ No ☒  
(If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending.) (If more room is needed, continue on reverse side of this form.)
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any municipality? .... Yes ☐ No ☒  
(If yes, describe status of charges pending.)
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? ..... Yes ☐ No ☒  
(If yes, identify.)
- Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer license, brewery permit or wholesale liquor permit in the State of Wisconsin? ..... Yes ☐ No ☒  
(If yes, identify.)

(NAME, LOCATION AND TYPE OF LICENSE/PERMIT)

(NAME OF WHOLESALE LICENSEE OR PERMITTEE)

(ADDRESS BY CITY AND COUNTY)

6. Named individual must list in chronological order last two employers.

SEE EMPLOYED  
 Employer's Name DEJAVU CONSTRUCTION Employer's Address 1019 BRIGHTON DR. MENASHA, WI From OCT. 2004 To PRESENT  
DEJAVU HAIR SALON 2000-2004

The undersigned, being first duly sworn on oath, deposes and says that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application.

Subscribed and sworn to before me

this 3 day of APRIL, 2008

My commission expires APRIL 22 2012

AT-105 (R. 01-01)

Brenda Jorgensen  
(SIGNATURE OF NAMED INDIVIDUAL)

Printed on Recycled Paper  
Wisconsin Department of Revenue



City of Menasha • Department of Community Development

To: Debbie Galeazzi  
From: Building Inspection Department  
Date: 7/14/08

**RE: Liquor License Inspection**

Address: 1440 Oweida St.  
Wise Guy Pizza

The premise at the above address has been inspected for compliance with State and Local Building Codes and found to be:

☒ **COMPLIANT**

☐ **NON - COMPLIANT**  
Recommend delaying license approval until all Violations are corrected.

Respectfully submitted

Dennis Jansen

City of Menasha Building Inspector

Dan Coffey

City of Menasha Building Inspector



City of Menasha • Health Services

**Date:** April 16, 2008

**To:** City of Menasha Common Council

**From:** Todd Drew, R.S. – Sanitarian  
City of Menasha Health Department

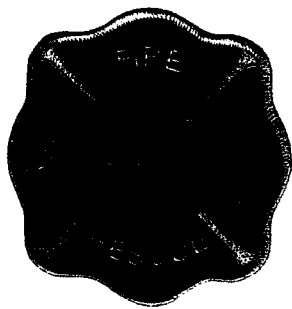
**Re:** **Liquor License Renewal Inspection conducted at Wise Guys Pizza**

An inspection was conducted at Wise Guys Pizza 1440 S. Oneida Street, Menasha due to application for liquor license.

The health inspection conducted in this establishment included standard sanitation, equipment condition, food safety, plumbing, employee hygiene, toilet and hand washing facilities, insect and rodent control and general condition using Wisconsin Administrative Code and the Wisconsin Food Code (Food Establishment Code) as a basis for inspection procedures.

The inspection conducted at Wise Guys did not cite any violations which would necessitate holding the liquor license application.

If you should have any questions regarding this information, please do not hesitate to contact me.



## **Memorandum**

---

TO: Debbie Galeazzi, City of Menasha Clerk  
FROM: Assistant Chief/Fire Marshall Al Auxier  
DATE: April 16, 2008  
RE: Liquor License, Wiseguys Pizzeria & Pub

I did a walk through at the Wiseguys Pizzeria & Pub, 1440 Oneida Street and found the building in a condition that would allow me to approve the liquor license request for this occupancy.

If you have any questions or concerns please email or give me a call.

**WINNEBAGO COUNTY COMMISSION ON AGING  
PROJECT PROPOSAL - 2009**

1. PROGRAM NAME Activity Coordinator – Menasha Senior Center

2. PROVIDER IDENTIFICATION:

NAME City of Menasha

ADDRESS 140 Main Street

CITY Menasha

TELEPHONE 920-967-3600

EMAIL ADDRESS sbull@ci.menasha.wi.us

3. PROJECT DIRECTOR:

NAME Sylvia Bull TITLE Senior Center Supervisor

ADDRESS 116 Main Street, Menasha TELEPHONE 920-967-3531

4. UNITS OF SERVICE TO BE PROVIDED:

ONE UNIT IS DEFINED AS 1 hour of service

NUMBER TO BE PROVIDED 2176

COST PER UNIT \$20.40 (DIVIDE TOTAL PROJECT COST  
BY UNITS TO BE PROVIDED)

5. PROGRAM INCOME: DESCRIBE YOUR ACTIONS IN THE AREA OF  
CONTRIBUTIONS AND/OR PROGRAM INCOME:

Senior citizens participating in the Senior Center programs, services, workshops, classes, and seminars share in the cost  
through program fees and donations. Monthly fund raisers such as parties and other social events provide additional  
income. A senior citizen unable to participate in any center activity because of financial hardship can request to have  
fees waived or reduced.

6. PERSON WHO COMPLETED THIS PROPOSAL:

NAME Susan Nett RN MPA TITLE Public Health Director

**AUTHORIZATION TO REQUEST FUNDS**

I hereby certify that City of Menasha (Agency, Gov't Unit,  
Organization has legal authority to enter into contractual agreements and has authorized me to sign on its behalf to request funds  
from the Winnebago County Commission on Aging. I further certify that funds awarded will be used solely for the purposes(s) set  
forth in accordance with all applicable laws, regulations, policies and procedures of Federal, State and Winnebago County.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION III - SERVICE FUNDED FOR 2009

#### 111. A. Service Funded for 2009

1. Program Name Activity Coordinator – Menasha Senior Center
2. Program Description The activity coordinator is responsible for monitoring day to day functions and planning special events, programs, classes, and trips. The activity coordinator provides a supportive atmosphere, and has the capability of overseeing the Senior Center in the absence of the Senior Center supervisor. The activity coordinator works closely with the supervisor to continuously improve and enhance opportunities for social interaction and intellectual stimulation for all senior center participants.
3. Geographic area to be served City of Menasha and surrounding area
4. Provider Information:
  - a. Name of Provider Menasha Senior Center
  - b. Address 116 Main Street  
Menasha, WI 54952
  - c. Contact Person Sylvia Bull
  - d. Telephone Number 920-967-3531
  - e. Provider Type: Public X Non-Profit        For-Profit
  - f. Minority Provider: X
  - g. Contract Period: January 1, 2009 to December 31, 2009
5. Estimated Population to be served:

a. Number of all Older Persons:	<u>2900</u>
b. Number of Minority Older Persons: 1%	<u>29</u>
c. Number of Low-income Older Persons: 35%	<u>1015</u>
d. Number of Frail and Disabled Older Persons: 2%	<u>58</u>
e. Number of Rural Older Persons: 95%	<u>2755</u>
6. Estimated Number of Units of Service to be Provided: 2176 hours

## SECTION IV – BUDGET FOR 2009

IV. A. Supportive Services Budget – 2009

Program Name: Activity Coordinator – Menasha Senior Center      Aging Service Category N/A

Program Activity	Title III-B A.	Title III-D b.	Senior Comm. Serv. C.	State Ben. Spec. d.	Program Income e.	Local Match f.	Other Resources g.	Total (a-g) h.
1. Personnel	10219					1135	30748	42102
2. Travel							250	250
3. Rent/Utilities								
4. Communications								
5. Consultants								
6. Training							200	200
7. Supplies					1250			1250
8. Equipment								
9. Other Specify					Subscriptions 100		Liability Ins. 500	600
10. Total Costs	10219				1350	1135	31698	44402



**WINNEBAGO COUNTY COMMISSION ON AGING  
PROJECT PROPOSAL - 2009**

1. PROGRAM NAME Senior Center Supervisor – Menasha Senior Center

2. PROVIDER IDENTIFICATION:

NAME City of Menasha

ADDRESS 140 Main Street

CITY Menasha

TELEPHONE 920-967-3600

EMAIL ADDRESS sbull@ci.menasha.wi.us

3. PROJECT DIRECTOR:

NAME Sylvia Bull TITLE Senior Center Supervisor

ADDRESS 116 Main Street, Menasha TELEPHONE 920-967-3531

4. UNITS OF SERVICE TO BE PROVIDED:

ONE UNIT IS DEFINED AS 1 hour of service

NUMBER TO BE PROVIDED 2176

COST PER UNIT \$37.31 (DIVIDE TOTAL PROJECT COST  
BY UNITS TO BE PROVIDED)

5. PROGRAM INCOME: DESCRIBE YOUR ACTIONS IN THE AREA OF  
CONTRIBUTIONS AND PROGRAM INCOME:

Senior citizens participating in the Senior Center programs, services, workshops, classes, and seminars share in the cost  
through program fees and donations. Monthly fund raisers such as parties and other social events provide additional  
income. A senior citizen unable to participate in any center activity because of financial hardship can request to have  
fees waived or reduced.

6. PERSON WHO COMPLETED THIS PROPOSAL:

NAME Susan Nett RN MPA TITLE Public Health Director

**AUTHORIZATION TO REQUEST FUNDS**

I hereby certify that City of Menasha (Agency, Gov't Unit,  
Organization has legal authority to enter into contractual agreements and has authorized me to sign on its behalf to request funds  
from the Winnebago County Commission on Aging. I further certify that funds awarded will be used solely for the purposes(s) set  
forth in accordance with all applicable laws, regulations, policies and procedures of Federal, State and Winnebago County.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION III - SERVICE FUNDED FOR 2009

#### 111. A. Service Funded for 2009

1. Program Name Senior Center Supervisor – Menasha Senior Center
2. Program Description The Menasha Senior Center plans programs, services, and social activities according to the needs and requests of the senior citizen population. Program development and ideas are supported by an active senior center planning committee. The Senior Center also provides information and referral services to seniors as well as providing social interaction opportunities through personal contact and established activities. Ongoing activities and seminars are planned with a broad range of interests to encourage participation by all senior citizens. The Senior Center is in the process of becoming accredited in 2008.
3. Geographic area to be served City of Menasha and surrounding area
4. Provider Information:
  - a. Name of Provider Menasha Senior Center
  - b. Address 116 Main Street  
Menasha, WI 54952
  - c. Contact Person Sylvia Bull
  - d. Telephone Number 920-967-3531
  - e. Provider Type: Public X Non-Profit \_\_\_\_\_ For-Profit \_\_\_\_\_
  - f. Minority Provider: X
  - g. Contract Period: January 1, 2009 to December 31, 2009
5. Estimated Population to be served:

a. Number of all Older Persons:	<u>2900</u>
b. Number of Minority Older Persons: 1%	<u>29</u>
c. Number of Low-income Older Persons: 35%	<u>1015</u>
d. Number of Frail and Disabled Older Persons: 2%	<u>58</u>
e. Number of Rural Older Persons: 95%	<u>2755</u>
6. Estimated Number of Units of Service to be Provided: 2176 hours

## SECTION IV – BUDGET FOR 2009

### IV. A. Supportive Services Budget – 2009

Program Name: Senior Center Supervisor – Menasha Senior Center      Aging Service Category N/A

Program Activity	Title III-B A.	Title III-D b.	Senior Comm. Serv. C.	State Ben. Spec. d.	Program Income e.	Local Match f.	Other Resources g.	Total (a-g) h.
1. Personnel	15575					1731	45451	62757
2. Travel							250	250
3. Rent/Utilities					3000		5350	8350
4. Communications					1300		775	2075
5. Consultants								
6. Training							480	480
7. Supplies							1930	1930
8. Equipment								
9. Other Specify							* 5355	5355
10. Total Costs	15575				4300	1731	59591	81197

\* #9 includes liability insurance, printing costs, contract services (pest control), building repair/maintenance, dues and subscriptions.

**WINNEBAGO COUNTY COMMISSION ON AGING  
PROJECT PROPOSAL – 2009**

1. PROGRAM NAME 60 Plus Health Program

2. PROVIDER IDENTIFICATION:

NAME Menasha Health Department

ADDRESS 316 Racine Street

CITY Menasha

TELEPHONE 920-967-3520

EMAIL ADDRESS snett@ci.menasha.wi.us

3. PROJECT DIRECTOR:

NAME Susan Nett TITLE Public Health Director

ADDRESS 316 Racine Street TELEPHONE 920-967-3521

4. UNITS OF SERVICE TO BE PROVIDED:

ONE UNIT IS DEFINED AS 1 Health Screening or Nursing Service Encounter or 1 Health Education Session per individual.

NUMBER TO BE PROVIDED 2800

COST PER UNIT \$10.09 (DIVIDE TOTAL PROJECT COST  
BY UNITS TO BE PROVIDED)

5. PROGRAM INCOME: DESCRIBE YOUR ACTIONS IN THE AREA OF  
CONTRIBUTIONS AND/OR PROGRAM INCOME:

A donation container is routinely displayed at each health screening/health education activity for awareness of the program's need. Donations are used to defray costs of the program and purchase such items as screening supplies, printing, and promotional materials for large screening events such as wellness screening and skin cancer screening.

6. PERSON WHO COMPLETED THIS PROPOSAL:

NAME Susan Nett RN MPA TITLE Public Health Director

**AUTHORIZATION TO REQUEST FUNDS**

I hereby certify that City of Menasha (Agency, Gov't Unit, Organization has legal authority to enter into contractual agreements and has authorized me to sign on its behalf to request funds from the Winnebago County Commission on Aging. I further certify that funds awarded will be used solely for the purposes(s) set forth in accordance with all applicable laws, regulations, policies and procedures of Federal, State and Winnebago County.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

### SECTION III - SERVICES FUNDED FOR 2009

III. A Services Funded for 2009

1. Program Name 60 Plus Health Program

2. Program Description See next page for description

3. Geographic area to be served City of Menasha and surrounding area served by the Menasha Senior Center.

4. Provider Information:

a. Name of Provider Menasha Health Department

b. Address 316 Racine Street  
Menasha, WI 54952

c. Contact Person Susan Nett RN MPA

d. Telephone Number (920)967-3520

e. Provider Type: Public x Non-Profit        For-Profit       

f. Minority Provider: x

g. Contract Period: January 1, 2009 to December 31, 2009

5. Estimated Population to be served:

a. Number of All Older Persons: 1000

b. Number of Minority Older Persons: 1% 10

c. Number of Low-income Older Persons: 35% 350

d. Number of Frail and Disabled Older Persons: 2% 20

e. Number of Rural Older Persons: 95% 950

6. Estimated Number of Units of Service to be Provided: 2800

Question #3

1. Health Screening Activities:

Various health screenings such as blood pressure, anemia, hearing, vision (glaucoma), diabetes, hemocult, urine (sugar, nitrite, protein), and osteoporosis screenings are scheduled monthly throughout the year at the Menasha Senior Center. Selected health screenings are offered during the year at Elizabeth Court Apartments, Lakeside Commons Apartments, and Keenagers Home For Independent Living. Additional single special screening/health events are coordinated with other health organizations, i.e. Cholesterol/"Wellness Panel" screening through ThedaCare labs, and skin cancer screening with local dermatologists and ACS. Influenza and pneumococcal vaccines are provided in cooperation with Neenah/Menasha Visiting Nurse Association. These screenings have become increasingly more important to the elderly. As the cost of health care rises, this is one way to keep the costs down for those on a limited budget and yet provide a very affordable preventive health service.

2. Health Education Activities:

Education is used to keep today's health consumer well informed. These educational methods include: monthly health reviews in the Menasha Senior Center newsletter which reaches about 1,000 elderly; distribution of health information through Menasha Senior Center activities; and health educational brochures by medical and health specialists available upon request to the public. The Twin Cities News Record of the Post Crescent has printed health information when requested to increase public awareness. Lastly, health information is distributed semi-annually in the City of Menasha newsletter which is delivered to every residence in Menasha.

3. Health Counseling and Consultation:

Older adults have access to a professional public health nurse for health guidance, information and referral on medical concerns on an individual basis as needed. These individual health conferences are held at the Menasha Health Department, the Senior Center and the low income elderly housing complexes. Home visits are also scheduled by the public health nurse when more comprehensive health assessment and counseling is needed, or by referral from community providers, families, friends, and neighbors.

4. Health Promotion Activities;

A recent Behavioral Risk Factor Surveillance System survey (Nov 2005) completed in the Fox Cities indicates that adults over the age of 65 were the most likely to be overweight, while those in the 50-64 age category were the most likely to be obese. The 60+ Health Program has partnered with the Menasha Senior Center and the Menasha School District and annually offers an "Early Morning Indoor Walking program" at Menasha High School during the months of January, February, March, and April. During the remaining months of the year, emphasis has been placed on "Walk to Win" and biking. An increase in activity helps to improve sedentary lifestyles, and reduces the risks of cardiovascular disease, osteoporosis and mental health issues. A chair exercise program has been implemented at the Menasha Senior Center. 2009 planning will include exploring ways to expand this program.

5. Collaboration:

Collaborative efforts are ongoing between the Menasha Health department, the Menasha Senior Center, Affinity, Aurora, and Theda Care Health Systems to provide affordable and easily accessible health promotion/educational events.

# SECTION IV – BUDGET FOR 2009

## IV. A.. Supportive Services Budget – 2009

Program Name: 60 Plus Health Program

Aging Service Category N/A

Program Activity	Title III-B A.	Title III-D b.	Senior Comm. Serv. C.	State Ben. Spec. d.	Program Income e.	Local Match f.	Other Resources g.	Total (a-g) h.
1. Personnel	24729					1698		26427
2. Travel					50			50
3. Rent/Utilities						\$75/mo 900		900
4. Communications					150	150		300
5. Consultants								
6. Training					100			100
7. Supplies					375			375
8. Equipment								
9. Other Specify					Liability Ins. 100			100
10. Total Costs	24729				775	2748		28252

NO. \_\_\_\_\_

## DECLARATION OF OFFICIAL INTENT

This is a Declaration of Official Intent of the City of Menasha (the Issuer) to reimburse an expenditure with proceeds of a borrowing or borrowings authorized by the Issuer. This Declaration is made under and pursuant to Treas. Reg. Section 1.150-2. The undersigned has been designated as an official or employee authorized by the Issuer to make this Declaration of Official Intent pursuant to a Resolution adopted on February 20, 1995. This Declaration of Official Intent is a public record maintained in the files of the Issuer and is available for public inspection pursuant to Subchapter II of Chapter 19 of the Wisconsin Statutes.

The undersigned hereby declares that it is the reasonable expectation of the Issuer to use proceeds of a borrowing or borrowings to be incurred by the Issuer to reimburse expenditures for the property, project or program or from the fund(s) /account(s) described below:

Water Main and Service Replacement on Third Street prior to DOT project

The maximum principal amount of the borrowing or borrowings to be incurred to reimburse expenditures for the above-described purpose is reasonably expected on the date hereof, to be \$236,000.

The Issuer intends to reimburse itself from borrowed funds within eighteen (18) months, (three (3) years if the Issuer is a "small Issuer") after the later of (a) the date the expenditure is paid or (b) the date the facility is placed in service, but in no event more than three (3) years after the expenditure is paid.

No money from sources other than the anticipated borrowing or borrowings is, or is reasonably expected to be, reserved, allocated on a long-term basis, or otherwise set aside by the Issuer with respect to the expenditure, pursuant to the budgetary and financial circumstances of the Issuer as of the date of this Declaration.

Dated this twenty-first day of April, 2008

By: \_\_\_\_\_  
Thomas R. Stoffel

Title: Comptroller/Treasurer

Each of the expenditures described must be one of the following: a capital expenditure (i.e. any cost which is properly chargeable to a capital account or would be so chargeable with a proper election), a cost of issuance for a bond, an expenditure relating to certain extraordinary working capital items, a grant, a qualified student loan, a qualified mortgage loan, or a qualified veterans' mortgage loan.



## RESOLUTION CONTINUING APPROPRIATIONS

Introduced by Alderman Wisneski

WHEREAS, it is desirous and necessary for the City of Menasha to  
[continue some 2007 Appropriations into 2008 to finance ongoing projects,](#)

NOW, THEREFORE, BE IT RESOLVED by the Mayor and the Common  
Council concurring that the following appropriations be continued:

<u>A/C #</u>	<u>ACCOUNT NAME</u>	<u>AMOUNT</u>
51-02-117	ELECTIONS	10,629.00
53-09-103	ENVIRONMENTAL HEALTH	3,185.00
53-09-105	PREVENTION PROGRAM	73.00
53-06-106	RADON GRANT	529.00
53-09-108	DENTAL SEALANT PROGRAM	4,263.00
53-09-112	LEAD PREVENTION GRANT	185.00
53-09-113	IMMUNIZATION GRANT	173.00
53-09-114	MATERNAL CHILD HEALTH	318.00
53-09-118	BIO TERRORISM	26,216.00
53-09-119	TWENTY-FOUR/SEVEN COVERAGE	48,589.00
54-10-134	STORM SEWERS & DRAINS	16,745.00
55-07-202	PARKS DEPARTMENT	46,000.00
56-03-202	COMMUNITY DEVELOPMENT	13,000.00
		-----
	TOTAL	\$ 169,905.00
		=====

Passed and approved this \_\_\_\_ day of \_\_\_\_\_, 2008

## EXPLANATION OF CONTINUING APPROPRIATIONS

From 2007 into 2008

<u>A/C #</u>	<u>PURPOSE</u>	<u>AMOUNT</u>	<u>REQUESTED BY</u>
51-02-117	Optic scan machines (3)	\$ 9,000.00	CLERK Galeazzi
51-02-117	Maintenance of optic scan machines	1,629.00	CLERK Galeazzi
53-09-103	Emergency Bio Terrorism Needs	3,185.00	PHD Nett
53-09-105	Supplies	73.00	PHD Nett
53-06-106	Additional hours for Staff, supplies	529.00	PHD Nett
53-09-108	Additional hours for Staff	4,263.00	PHD Nett
53-09-112	Supplies	185.00	PHD Nett
53-09-113	Supplies	173.00	PHD Nett
53-09-114	Supplies	318.00	
53-09-118	Preparedness items for City	26,216.00	PHD Nett
53-09-119	Preparedness items for City	48,589.00	PHD Nett
54-10-134	Stream bank protection project	16,745.00	PWD Radtke
55-07-202	Positive Youth development Grant	500.00	PRD Tungate
55-07-202	Pleasants park Tennis courts	22,000.00	PRD Tungate
55-07-202	Barker Farms Landscaping & Site Amenities	5,000.00	PRD Tungate
55-07-202	Play Equipment	18,500.00	PRD Tungate
56-03-202	Depaartment of Commerce Planning Grant	13,000.00	CDD Keil
	Total	----- \$ 169,905.00 =====	

RESOLUTION TRANSFERRING/APPROPRIATING FUNDS

Introduced by Alderman Wisneski

WHEREAS, it is necessary for the City of Menasha to transfer funds to cover 2006 Budget overdrafts and to appropriate revenues received but not budgeted,

NOW, THEREFORE, BE IT RESOLVED by the Mayor and the Common Council concurring that the following budget transfers/appropriations be made:

A/C #	ACCOUNT NAME	AMOUNT	AMOUNT
TO:			
51-02-103	CITY ATTORNEY	3,598.59	
51-04-107	CITY ASSESSOR	13,076.04	
51-10-115	CITY BUILDINGS	21,375.31	
51-04-305	ILLEGAL TAX/TAX REFUND	794.67	
52-08-109	POLICE AUXILIARY	911.90	
52-08-602	PRISONER MEAL CHARGE	1,036.00	
53-09-104	HEALTH SCREENING/60+	1,002.35	
53-09-108	DENTAL SEALANT PROGRAM	5,774.35	
53-08-115	ANIMAL IMPOUNDMENT	1,086.96	
53-09-118	BIOTERRORISM	38,580.00	
53-07-401	RESTHAVEN CEMETERY OPS	924.89	
54-10-121	STREET CONSTRUCTION	56,932.31	
54-10-123	STREET CLEAN/FLUSH	17,709.93	
54-10-124	SNOW & ICE CONTROL	108,325.96	
54-10-131	STREET SIGNS/MARKINGS	10,270.71	
54-10-143	STREET LIGHTING	45,640.00	
55-10-502	WEED CONTROL	13,854.16	
55-07-203	SWIMMING POOL	6,464.66	
55-10-221	CIVIC COMMEMORATIONS	3,065.93	
56-03-501	URBAN REDEVELOPMENT	5,221.01	
		\$	355,645.73
		=====	

**FROM:**

43-04-965 ST AID - PUBLIC HEALTH  
46-04-165 PUBLIC CHARGES-HEALTH  
51-02-105 PERSONNEL DEPARTMENT  
51-04-106 CITY COMPTROLLER/TREASURER  
52-08-101 POLICE DEPARTMENT  
52-03-301 BLDG & PLUMB INSPECTOR  
54-10-111 ENGINEERING/PUBLIC WORKS  
55-07-201 RECREATION DEPARTMENT  
56-03-202 COMMUNITY DEVELOPMENT

\$ 44,354.35  
1,002.35  
3,598.59  
13,870.71  
111,360.82  
144,407.11  
21,375.31  
10,455.48  
5,221.01  
-----  
\$ 355,645.73  
=====

Passed and approved this \_\_\_\_ day of \_\_\_\_, 2008

FISCAL NOTE: This resolution is only to cover those individual accounts which exceeded their budgeted amount or to appropriate revenues received but not budgeted for in the General Fund.

The General Fund, in its entirety, had Expenditures in excess of [Revenues of approximately \\$397,000 for 2007](#).  
Thomas Stoffel, City Comptroller/Treasurer

RESOLUTION DESIGNATING PUBLIC DEPOSITORY AND AUTHORIZING  
WITHDRAWAL OF COUNTY, CITY, VILLAGE, TOWN, OR  
SCHOOL DISTRICT MONEYS  
(Not for use by City or County of Milwaukee.)

R-9-08

CITY OF MENASHA

(Municipality)

Wisconsin

RESOLVED, that FIRST NATIONAL BANK-FOX VALLEY (the "Bank"),  
qualified as a public depository under Ch. 34, Wis. Stats., is hereby designated as a depository in which the funds of this Municipality may from time to  
time be deposited; that the following described account(s) be opened and maintained in the name of this Municipality with the Bank subject to the rules  
and regulations of the Bank from time to time in effect; that the person(s) and the number thereof designated by title opposite the following designation  
of account(s) is hereby authorized, for and on behalf of this Municipality, to sign order checks as provided in §66.0607(3), Wisconsin Statutes, for payment  
or withdrawal of money from said account(s) and to issue instructions regarding the same and to endorse for deposit, negotiation, collection or discount  
by Bank any and all checks, drafts, notes, bills, certificates of deposit or other instruments or orders for the payment of money owned or held by said  
Municipality; that the endorsement for deposit may be in writing, by stamp, or otherwise, with or without designation of signature of the person so  
endorsing; and that any officer, agent or employee of this Municipality is hereby authorized to make oral or written requests of the Bank for the transfer  
of funds or money between accounts maintained by this Municipality at the Bank.

Name or Type of Account	Number of Signatures Required	Type or Print Titles of Authorized Persons
1. <u>CHECKING, MONEY MARKET, CD</u>	<u>2</u>	Clerk, Treasurer, and countersigned by  <u>MAYOR</u>
2. _____	_____	Clerk, Treasurer, and countersigned by  _____
3. _____	_____	Clerk, Treasurer, and countersigned by  _____
4. _____	_____	Clerk, Treasurer, and countersigned by  _____

This Resolution includes all of the provisions on the reverse side.

This is to Certify, that the foregoing is a true and correct copy of resolutions duly and legally adopted by the governing body of the Municipality at an open  
legal meeting held on the \_\_\_\_\_ day of \_\_\_\_\_ and said resolutions are now in full force and effect.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_

X

(clerk)

(NO)\*  
SEAL

The undersigned member of the governing body not authorized to sign order  
checks certifies that the foregoing is a correct copy of a resolution passed as  
therein set forth.

X

Title: \_\_\_\_\_

\*(Strike if not applicable)

IMPORTANT

This Form, together with Signature Card WBA 101, applies to all counties, cities, villages, towns and school districts except the County of Milwaukee and  
the City of Milwaukee. For Milwaukee County, see §66.0607(2), Wisconsin Statutes, and for the City of Milwaukee, see §66.0607(5), Wisconsin Statutes.

Use Forms WBA 102 and 103 for Public Depository Accounts of all other public entities.

Facsimile signatures are permitted on checks drawn against these accounts, in accordance with §66.0607(3), Wisconsin Statutes.

The original and one copy of this resolution is for the depository bank, and, if the treasurer is under Corporate Surety, one copy is for the Surety Company,  
with a copy to be retained by the local clerk.

To be countersigned by the Chief Executive Officer (County Board Chairman, City Mayor or Manager, Town Chairman, Village President, School District  
President).

The counter-signature on checks of the Chief Executive Officer of the county, city, village or town may be eliminated by ordinance. In such case, a copy  
of the ordinance, certified by the clerk, should be attached hereto.

School district order checks must carry the signatures of the clerk, treasurer and president. In school districts having 5 or more school board members,  
the actual signature of any board member other than the clerk or treasurer may be used in place of the president's signature.

ORIGINAL BANK COPY

## CITY OF MENASHA DISBURSEMENTS

Accounts Payable for 4/10/08-4/17/08	\$1,735,408.74
Checks # 16469-16603	

Payroll Checks for 4/10/08-4/17/08	<u>157,524.62</u>
Checks # 37889-38046	

Total	\$1,892,933.36
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\*\*Gaps in the sequence of accounts payable check numbers may be caused by: voiding checks at the start of a new check run to set up printing of the checks correctly, having a large number of invoices on a particular vendor which causes the payment to be printed on more than one accounts payable check , incorrect alphabetizing of a vendor causing the accounts payable check to appear out of sequence or software/printer problems which result in accounts payable checks being printed incorrectly and needing to be discarded.

Menasha Employees Credit Union-Employee Deductions

Menasha Employees Local 1035-Union Dues

Menasha Employees Local 1035B-Union Dues

Wisconsin Support Collections-Child/Spousal Support

United Way-Employee Donations

AMT-Garnishments

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Vendor ID / Name	Invoice Nbr	CpnyID	Acct	Subaccount	Amount	Invoice Description
01360 ALFERI INDUSTRIAL SALES & SERV	161581	31100	55	07-202-315	89.18	CABLE/DRAIN CLNR
	Check Date 4/10/2008	Check Nbr	016469		Check Total:	89.18
01675 AMT		31100	21	04-299-022	150.00	
	Check Date 4/10/2008	Check Nbr	016470		Check Total:	150.00
02050 BADGER LAB & ENGINEERING INC	INV000033107	31201	54	10-301-212	956.00	INTERTAPE POLYMER WW SAMPLING
	Check Date 4/10/2008	Check Nbr	016471		Check Total:	956.00
02335 BECK ELECTRIC INC	E70	31100	55	07-203-240	744.41	INSTALL RECEPTACLES/SWITCHES
	E73	31100	55	07-203-240	449.01	LIGHTING @POOL
	E68	31100	55	07-202-240	62.87	BULBS FOR CURTIS REED PLAZA
	E66	31207	55	07-205-240	3,264.66	MARINA PEDESTAL REPAIR
	Check Date 4/10/2008	Check Nbr	016472		Check Total:	4,520.95
02631 CHAD BONNELL	040908	31201	54	10-301-212	675.00	REIMBURSE SUMP PUMP/PIT
	Check Date 4/10/2008	Check Nbr	016473		Check Total:	675.00
02730 BRAZEE ACE HARDWARE	78809	31100	51	10-115-300	11.97	VACUUM BAGS/SANDING SCREENS
	78821	31100	51	10-115-240	284.97	TREAD
	78892	31100	53	09-102-313	54.99	MOP BUCKET
	39205	31100	55	07-202-315	19.99	SAW BLADES
	Check Date 4/10/2008	Check Nbr	016474		Check Total:	371.92
02815 SYLVIA BULL	032808	31100	53	09-212-331	116.40	MILEAGE
	Check Date 4/10/2008	Check Nbr	016475		Check Total:	116.40
02850 BY-THE-WAY VENDING LLC	040808	31100	51	04-305-730	799.85	PERSONAL PROPERTY REFUND
	Check Date 4/10/2008	Check Nbr	016476		Check Total:	799.85

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03145 CAREW CONCRETE & SUPPLY CO INC	758790	31100	54	10-134-300	80.00	CONCRETE
	758882	31100	54	10-134-300	80.00	CONCRETE
Check Date	4/10/2008	Check Nbr	016477	Check Total:	160.00	
03247 CDW GOVERNMENT INC	JSK7328	31100	52	08-101-310	180.38	MAGENTA TONER
	JTF0021	31100	51	04-109-315	26.92	DVD SOFTWARE FOR WEB MANAGE
Check Date	4/10/2008	Check Nbr	016478	Check Total:	207.30	
03490 CLEAR WATER CAR WASH	2105	31100	52	08-101-295	25.78	VEHICLE WASHES MARCH 2008
	Check Date	4/10/2008	Check Nbr	016479	Check Total:	25.78
03500 CLIA LABORATORY PROGRAM	040308	31100	53	09-102-320	75.00	RENEWAL CERTIFICATE OF WAIVER
	040308	31100	53	09-104-320	75.00	RENEWAL CERTIFICATE OF WAIVER
Check Date	4/10/2008	Check Nbr	016480	Check Total:	150.00	
03842 CULLIGAN WATERCARE SERVICES	033108	31100	51	10-115-201	17.85	COOLER RENTAL
	033108	31731	54	10-149-313	5.95	COOLER RENTAL
Check Date	4/10/2008	Check Nbr	016481	Check Total:	23.80	
04125 DAVIES WATER #1476	0022394	31100	54	10-131-300	1,150.00	STAINLESS STEEL STRAPS
	0022976	31100	55	07-202-240	41.00	REPAIR WATER LINE @ KOSLO
	0022901	31100	54	10-134-300	2,379.00	GRATES
Check Date	4/10/2008	Check Nbr	016482	Check Total:	3,570.00	
04135 DAVIS & KUELTHAU SC	290955	31100	51	02-103-211	45.00	WISCO ENTERPRISES MATTER
	Check Date	4/10/2008	Check Nbr	016483	Check Total:	45.00
04275 DIGICORPORATION	52643	31100	51	04-106-291	96.00	BILLING STATEMENTS
	Check Date	4/10/2008	Check Nbr	016484	Check Total:	96.00



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04450 DWD-UI	60849	31100	55	10-215-162	7,100.00	BRIDGES
	Check Date	4/10/2008	Check Nbr	016485	Check Total:	7,100.00
05165 EMMONS BUSINESS INTERIORS	71939	31100	53	09-212-315	7,173.26	76 CHAIRS
	Check Date	4/10/2008	Check Nbr	016486	Check Total:	7,173.26
06015 FABCO EQUIPMENT INC	C170487	31731	54	10-149-383	122.11	BEARING/WASHER
	Check Date	4/10/2008	Check Nbr	016487	Check Total:	122.11
06135 JAMES M FICO PHD	040108	31100	52	08-101-215	300.00	INTERVIEW/TESTING/EVALUATION
	Check Date	4/10/2008	Check Nbr	016488	Check Total:	300.00
06520 FOX STAMP SIGN & SPECIALTY	152618	31100	53	09-102-310	12.80	STAMP/MENASHA HEALTH DEPT
	152497	31100	55	07-201-310	48.00	POOL PASS PUNCH
	Check Date	4/10/2008	Check Nbr	016489	Check Total:	60.80
07580 GUNDERSON UNIFORM & LINEN RENT	1246352	31100	51	10-115-201	24.33	MOP/MAT/BRUSH SERVICE
	1246352	31100	53	09-212-313	3.46	MAT/MOP/BRUSH SERVICE
	1246352	31100	55	07-202-313	3.46	MOP/MAT BRUSH SERVICE
	Check Date	4/10/2008	Check Nbr	016490	Check Total:	31.25
08397 FRIENDS OF HIGH CLIFF	040308	31100	55	07-201-300	33.00	CONTRIBUTION FOR NATURE PINS
	Check Date	4/10/2008	Check Nbr	016491	Check Total:	33.00
08465 HOME DEPOT CREDIT SERVICES	5020391	31100	52	08-101-240	40.50	PORCLN MRTR/POLICE
	4021088	31100	52	08-101-240	40.50	PORCLN MRTR/POLICE
	571846	31100	53	09-102-240	34.96	PRIMER/PAINT/HEALTH DEPT
	9571920	31100	53	09-102-240	23.98	PAINT/HEALTH DEPT
	7021501	31100	55	07-202-315	242.69	COMPRESSOR/NAILER/WRENCH/PKS
	Check Date	4/10/2008	Check Nbr	016492	Check Total:	382.63

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09105 INDEPENDENT INSPECTIONS LTD	301102	31100	52	03-301-216	15,406.90	PERMITS FOR MARCH 2008
Check Date	4/10/2008	Check Nbr	016493	Check Total:	15,406.90	
09290 INTERSTATE BATTERY OF GREEN BA	90044299	31731	54	10-149-383	120.90	STOCK
Check Date	4/10/2008	Check Nbr	016494	Check Total:	120.90	
11030 KAEMPFER & ASSOCIATES INC	13792	31201	54	10-301-212	625.12	IND DISCH REG PROG/WAVERLY
	13793	31201	54	10-301-212	335.97	IND DISCH REG PROG/PERMIT PREP
	13794	31201	54	10-301-212	597.60	IND DISCH REG PROG/SWR MONITOR
	13795	31201	54	10-301-212	370.62	IND DISCH REG PROG/SWR TELEVIS
	13796	31201	19	04-540-000	3,911.44	WW COLLECT SYS REHAB IMPROV
Check Date	4/10/2008	Check Nbr	016495	Check Total:	5,840.75	

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11155 KITZ & PFEIL INC	022114-0022	31100	51	10-115-300	8.04	CUP HOOKS/BULBS
	022514-0032	31100	55	07-202-240	4.30	CAULK/JEFFERSON PARK
	022514-0131	31731	54	10-149-300	23.76	STOCK
	022514-0131	31731	54	10-149-383	19.14	MISC HARDWARE
	022609-0002	31100	53	09-102-240	5.48	KEYS/ADHESIVE
	022714-0096	31100	52	05-201-240	30.58	SHOWER HEADS
	022814-0050	31100	52	05-201-240	-15.29	SHOWER HEAD RETURN
	022814-0064	31100	55	07-202-243	30.73	PAINT/CHIP BRUSH
	022909-0013	31731	54	10-149-383	6.44	HARDWARE MISC/HOOKS
	030314-0045	31100	55	07-202-240	33.16	SUPPLIES
	030314-0107	31100	53	09-102-240	12.13	CIRC BLADE/SINKER NAILS
	030414-0009	31100	55	07-202-315	33.98	2 EXTENSION CORDS
	030414-00370	31100	55	07-202-315	34.45	WORKLIGHT/ROPE
	030414-0190	31100	52	08-101-300	50.97	STORTOTE
	030614-0123	31100	52	08-101-300	203.88	STORAGE BINS/EVIDENCE ROOM
	030614-0139	31100	55	07-202-240	6.80	REPAIRS/HART PARK
	030714-0066	31100	55	07-202-240	18.66	VANDALISM/HART PARK
	031014-0002	31100	55	07-202-315	13.56	TRAIL GROOMER PREP MATERIAL
	031014-0061	31100	53	09-102-240	23.00	TRIM WORK MATERIALS
	031014-0127	31100	53	09-102-313	6.28	MAILING TAPE
	031114-0021	31100	54	10-131-300	1.29	KEYS
	031114-0032	31731	54	10-149-300	9.25	TOOLS
	031114-0078	31731	54	10-149-300	14.82	TOOLS
	031114-01170	31100	55	07-202-240	23.01	REPAIR BENCHES/SMITH
	031209-0004	31100	53	09-102-240	11.03	PAINT SUPPLIES
	031314-00070	31100	55	07-202-240	4.49	REPAIRS/HART PARK
	031314-0012	31100	53	09-102-313	6.28	MAILING TAPE
	031314-0052	31100	52	08-101-313	48.93	BULBS
	031714-0094	31100	51	10-115-300	16.63	PAINT SUPPLIES
	031814-0202	31100	51	04-109-315	10.79	SAW
	031914-0042	31100	55	07-202-240	8.20	PAINT SUPPLIES
	031914-0104	31100	52	05-201-240	29.69	SODIUM BULB
	031914-0111	31100	54	10-304-300	2.58	KEY

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	032014-0019	31100	54	10-131-300	68.37	WASHERS/SCREWS/BOLTS
	032014-00360	31100	52	08-101-240	17.35	GUN RANGE FLOOR REPAIR
	032014-0076	31201	54	10-301-300	37.79	HOSE
	<b>Check Date</b> 4/10/2008	<b>Check Nbr</b>	<b>016498</b>		<b>Check Total:</b>	<b>860.55</b>
<b>12183 JOHN LANGKAU</b>	040808	31100	52	08-101-322	84.00	CPR MATERIALS
	040808	31100	52	08-101-337	40.00	CPR CLASS INSTRUCTOR
	<b>Check Date</b> 4/10/2008	<b>Check Nbr</b>	<b>016499</b>		<b>Check Total:</b>	<b>124.00</b>
<b>12250 LAWSON PRODUCTS INC</b>	6625918	31731	54	10-149-300	44.00	STOCK
	<b>Check Date</b> 4/10/2008	<b>Check Nbr</b>	<b>016500</b>		<b>Check Total:</b>	<b>44.00</b>
<b>12255 LAYDWEL CARPET ONE</b>	12686	31100	53	09-102-240	200.00	CARPET
	<b>Check Date</b> 4/10/2008	<b>Check Nbr</b>	<b>016501</b>		<b>Check Total:</b>	<b>200.00</b>
<b>13149 MATTHEWS COMMERCIAL TIRE CTR</b>	024633	31731	54	10-149-382	150.90	TIRE SERVICE
	024641	31731	54	10-149-382	3,473.00	TIRE SERVICE
	<b>Check Date</b> 4/10/2008	<b>Check Nbr</b>	<b>016502</b>		<b>Check Total:</b>	<b>3,623.90</b>
<b>13270 MCNEILUS TRUCK &amp; MFG COMPANY</b>	682392	31731	54	10-149-383	101.21	PART-PIN-STR LINK PVT 1.5
	<b>Check Date</b> 4/10/2008	<b>Check Nbr</b>	<b>016503</b>		<b>Check Total:</b>	<b>101.21</b>

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13360 MENASHA ELECTRIC & WATER UTILI	002972	31201	54	10-302-250	18,898.30	FEB 2008 SEWER CHARGE
	030308	31100	53	09-102-214	60.00	226 MAIN STREET
	030308	31100	53	09-102-223	71.60	226 MAIN STREET
	030308	31100	53	09-102-225	29.36	226 MAIN STREET
	031108	31100	12	04-399-000	7.93	RACINE/NINTH
	031108	31100	54	10-131-223	192.63	TRAFFIC LIGHTS
	031108	31201	54	10-301-223	66.40	LIFT STATIONS
	031108	31100	55	07-202-223	479.68	TRAFFIC LIGHTS
	031108	31100	55	07-202-223	9.29	PARKS
	031108	31100	55	07-202-225	62.36	PARKS
Check Date 4/10/2008 Check Nbr 016504 Check Total:					19,877.55	
13370 MENASHA EMPLOYEES CREDIT UNION		31100	21	04-299-020	1,860.00	
		31100	21	04-299-020	17,233.00	
Check Date 4/10/2008 Check Nbr 016505 Check Total:					19,093.00	
		31100	21	04-299-033	119.99	
Check Date 4/10/2008 Check Nbr 016506 Check Total:					119.99	
13375 MENASHA EMPLOYEES LOCAL 1035		31100	21	04-299-031	225.00	
		31100	21	04-299-033	0.00	
Check Date 4/10/2008 Check Nbr 016507 Check Total:					225.00	
13377 MENASHA EMPLOYEES LOCAL 1035B		31100	21	04-299-032	248.16	
	Check Date 4/10/2008 Check Nbr 016508 Check Total:					248.16
13445 MENASHA PUBLIC WORKS FACILITY	040808	31100	11	04-111-000	50.00	PETTY CASH/YARD ATTENDANT
	Check Date 4/10/2008 Check Nbr 016509 Check Total:					50.00
13625 MILLER & ASSOCIATES	18912	31826	55	07-202-300	1,221.00	DONATED BENCH
	Check Date 4/10/2008 Check Nbr 016510 Check Total:					1,221.00

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13647 JOY MILLER	040308	31100	53	09-102-331	19.90	MILEAGE
	Check Date 4/10/2008	Check Nbr	016511		Check Total:	19.90
13685 MINNESOTA MUTUAL LIFE INSURANC	MAY2008	31100	21	04-618-000	2,388.54	BASIC
	Check Date 4/10/2008	Check Nbr	016512		Check Total:	2,388.54
13820 MTAW	040908	31100	51	04-106-320	40.00	DUES MAY 1-APRIL 30
		31100	51	04-106-320	40.00	DUES MAY 1-APRIL 30
	Check Date 4/10/2008	Check Nbr	016513		Check Total:	80.00
14010 N&M AUTO SUPPLY	210776	31731	54	10-149-383	24.08	AIR FILTER
	210533	31731	54	10-149-383	18.31	FUEL/AIR FILTER
	210996	31731	54	10-149-383	250.00	CABLES
	Check Date 4/10/2008	Check Nbr	016514		Check Total:	292.39
14363 NIELSON COMMUNICATIONS	APP08-22470	31731	54	10-149-315	2,480.00	RADIO EQUIPMENT
	Check Date 4/10/2008	Check Nbr	016515		Check Total:	2,480.00
14385 NOFFKE LUMBER INC	080320809670	31100	53	09-102-240	45.37	MATERIAL/HEALTH
	080320809732	31100	53	09-102-240	9.19	MATERIAL/HEALTH
	080320809719	31100	53	09-102-240	13.40	MATERIALS/HEALTH
	080320809726	31100	53	09-102-240	248.08	DOORS
	080320809656	31100	53	09-102-240	209.84	DRYWALL STUDS
	080320809819	31100	51	10-115-300	9.38	MASONRY BIT
	080320809938	31100	51	10-115-240	9.60	OFFICE TRIM/IT
	080320810011	31100	55	07-202-300	3.90	LATEX CONCRETE SEALER
	080320809681	31100	53	09-102-240	18.50	DRYWALL NAIL
	Check Date 4/10/2008	Check Nbr	016516		Check Total:	567.26

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14532 NRC	2847	31485	54	10-134-212	2,586.94	POND LANDSCAPE/MANITOWOC
	Check Date	4/10/2008	Check Nbr	016517	Check Total:	2,586.94
15080 OFFICEMAX INC	809323	31100	51	01-102-310	9.16	OFFICE SUPPLIES/MAYOR
	809323	31100	51	04-101-310	23.57	OFFICE SUPPLIES/COMMON COUNCIL
	Check Date	4/10/2008	Check Nbr	016518	Check Total:	32.73
16025 PACKER CITY INTERNATIONAL	3280720052	31731	54	10-149-383	46.92	AIR FILTER
	3280720051	31731	54	10-149-383	36.97	AIR FILTER
	3280740043	31731	54	10-149-383	114.31	FILTERS/PLUGS/STOCK SUPPLIES
	3280780065	31731	54	10-149-383	8.04	PARTS
	Check Date	4/10/2008	Check Nbr	016519	Check Total:	206.24
16095 PARTS ASSOCIATES INC	PAI0739248	31731	54	10-149-300	-156.45	PIPES/RETURN
	PAI0736039	31731	54	10-149-300	264.71	STOCK SUPPLIES
	Check Date	4/10/2008	Check Nbr	016520	Check Total:	108.26
16465 POSTAL ANNEX	127985	31100	55	07-202-311	8.40	NEUMAN POOLS
	128582	31100	52	08-101-311	7.21	STATE CRIME LAB
	128593	31100	52	08-101-311	7.07	STATE CRIME LAB
	128920	31100	54	10-304-300	21.10	LAMINATE GARBAGE MAPS
	Check Date	4/10/2008	Check Nbr	016521	Check Total:	43.78
16864 PROFESSIONAL PROCESS SERVICE	6050	31100	51	02-103-211	65.00	SUBPOENA
	Check Date	4/10/2008	Check Nbr	016522	Check Total:	65.00
18160 REDI-WELDING CO	13672	31731	54	10-149-300	79.90	WELDING/MARCH
	Check Date	4/10/2008	Check Nbr	016523	Check Total:	79.90

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18200 REINDERS INC	1192671-00	31731	54	10-149-383	18.43	SEAL-BEARING
	1193214-00	31731	54	10-149-383	105.22	FINGER GLOVES
Check Date	4/10/2008	Check Nbr	016524	Check Total:	123.65	
19327 SERVICEMASTER BUILDING MTNCE	118921	31100	52	08-101-201	50.00	CLEAN GARAGE IN APRIL 2008
	118889	31100	52	08-101-201	1,395.00	JANITORIAL SERVICE APRIL 2008
Check Date	4/10/2008	Check Nbr	016525	Check Total:	1,445.00	
19380 SHOPKO STORES INC	51859	31827	53	09-212-300	36.99	BANQUET/PARTY SUPPLIES
	Check Date	4/10/2008	Check Nbr	016526	Check Total:	36.99
19435 SNAP-ON TOOLS	177829	31731	54	10-149-315	113.64	SHOP TOOLS
	Check Date	4/10/2008	Check Nbr	016527	Check Total:	113.64
19737 STUMPF MOTOR COMPANY INC	280659	31741	19	04-530-000	17,800.00	FORD PICK UP TRUCK
	Check Date	4/10/2008	Check Nbr	016528	Check Total:	17,800.00
19775 SUPERIOR CHEMICAL CORP	53058	31731	54	10-149-300	206.35	TEFLON GEL LUBE
	Check Date	4/10/2008	Check Nbr	016529	Check Total:	206.35
20115 TESCH CHEMICAL CO INC	TC110295	31100	55	07-202-313	66.19	UTILITY PAD/PAD HOLDER
	Check Date	4/10/2008	Check Nbr	016530	Check Total:	66.19
20290 TOUGH SOLUTIONS	TSI331965	31100	52	08-101-315	250.00	ARMREST PRINTER MOUNT
	Check Date	4/10/2008	Check Nbr	016531	Check Total:	250.00
20330 TRAFFTECH INC	544	31100	54	10-131-300	93.00	BLADE/NEVER RECD 2007 INVOICE
	Check Date	4/10/2008	Check Nbr	016532	Check Total:	93.00



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20405 TRI-COUNTY OVERHEAD DOOR INC	20546	31731	54	10-149-240	1,049.98	REPAIR BROKEN SPRING
Check Date	4/10/2008	Check Nbr	016533	Check Total:	1,049.98	
21045 UNIFIRST CORPORATION	0970029326	31731	54	10-149-201	80.58	MAT/MOP/CLOTHING PROTECTION
Check Date	4/10/2008	Check Nbr	016534	Check Total:	80.58	
21060 UNITED PAPER CORPORATION	59417	31100	13	04-106-000	252.40	CLEANING SUPPLIES
Check Date	4/10/2008	Check Nbr	016535	Check Total:	252.40	
21095 UNITED WAY FOX CITIES		31100	21	04-299-021	95.75	
Check Date	4/10/2008	Check Nbr	016536	Check Total:	95.75	
21226 US OIL CO INC	696527	31100	13	04-103-000	26,329.31	UNLEADED & DIESEL
Check Date	4/10/2008	Check Nbr	016537	Check Total:	26,329.31	
	L33578	31731	54	10-149-242	12.00	SPECTRO V100 WATER AF FUEL
Check Date	4/10/2008	Check Nbr	016538	Check Total:	12.00	
23215 WIL-KIL PEST CONTROL	1262402	31731	54	10-149-207	62.00	COMMERCIAL CONTRACT
Check Date	4/10/2008	Check Nbr	016539	Check Total:	62.00	
23240 WINNEBAGO COLOR PRESS	051192	31100	55	07-201-291	122.94	TRAIL MAPS
Check Date	4/10/2008	Check Nbr	016540	Check Total:	122.94	
23371 WISCONSIN DEPT OF JUSTICE-TIME	L7101T	31100	52	08-101-216	40.00	NAMES SEARCHES
Check Date	4/10/2008	Check Nbr	016541	Check Total:	40.00	

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23455 WISCONSIN SUPPORT COLLECTIONS		31100	21	04-299-015	436.31	
		31100	21	04-299-016	138.40	
		31100	21	04-299-015	894.60	
<b>Check Date 4/10/2008      Check Nbr 016542      Check Total:</b>					<b>1,469.31</b>	
23545 WORLDWIDE INFORMATION INC	INV0169597	31100	52	08-101-216	114.00	MOTOR VEHICLE REGISTRATIONS
<b>Check Date 4/10/2008      Check Nbr 016543      Check Total:</b>					<b>114.00</b>	
<b>Grand Total:</b>					<b>153,031.17</b>	

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01760 APPLETON SCHOOL DISTRICT		31100	21	04-304-000	56,425.67	TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016544		Check Total:	56,425.67
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03070 CALUMET COUNTY TREASURER		31100	21	04-300-000	42,758.09	TAX COLLECTIONS
		31100	21	04-309-000	1,823.79	TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016545		Check Total:	44,581.88
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06615 FOX VALLEY TECHNICAL COLLEGE		31100	21	04-303-000	146,735.06	WINN CO TAX COLLECTIONS
		31100	21	04-303-000	17,603.79	CAL CO TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016546		Check Total:	164,338.85
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13400 MENASHA JOINT SCHOOL DISTRICT		31100	21	04-302-000	725,025.20	WINN CO TAX COLLECTIONS
		31100	21	04-302-000	27,909.23	CAL CO TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016547		Check Total:	752,934.43
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23130 WAVERLY SANITARY DISTRICT		31100	21	04-307-000	6,342.76	TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016548		Check Total:	6,342.76
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23275 WINNEBAGO COUNTY TREASURER		31100	21	04-301-000	478,297.29	TAX COLLECTIONS
		31100	21	04-309-000	15,903.74	TAX COLLECTIONS
Check Date	4/14/2008	Check Nbr	016549		Check Total:	494,201.03
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Grand Total:					1,518,824.62	

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01060 ACCURATE ALIGNMENT INC	8004916	31731	54	10-149-294	81.32	ALIGN FRONT END VEHICLE #3006
	Check Date	4/17/2008	Check Nbr	016550	Check Total:	81.32
01755 APPLETON RADIATOR INC	8157	31731	54	10-149-294	460.00	INSTALL NEW CORE/PWF
	Check Date	4/17/2008	Check Nbr	016551	Check Total:	460.00
19120 AT&T	920R09453004	31100	51	10-115-221	76.30	MONTHLY CHARGES
	920R09453004	31201	54	10-301-221	202.60	MONTHLY CHARGES
	Check Date	4/17/2008	Check Nbr	016592	Check Total:	278.90
02040 BADGER HIGHWAYS CO INC	139815	31100	54	10-121-300	370.94	COLD MIX
	Check Date	4/17/2008	Check Nbr	016552	Check Total:	370.94
02750 BRICK & SUPPLY COMPANY	136856	31100	54	10-134-300	209.40	CONCRETE BRICK BLOCKS
	Check Date	4/17/2008	Check Nbr	016553	Check Total:	209.40
02780 BRUCE MUNICIPAL EQUIPMENT INC	5081301	31731	54	10-149-383	97.96	POSITION SENDER
	Check Date	4/17/2008	Check Nbr	016554	Check Total:	97.96
02796 BUBRICK'S	115664	31100	52	08-101-310	283.42	OFFICE SUPPLIES
	Check Date	4/17/2008	Check Nbr	016555	Check Total:	283.42
03205 CASPERS TRUCK EQUIPMENT INC	31751	31731	54	10-149-383	275.23	AUGER SPEED SENSOR
	Check Date	4/17/2008	Check Nbr	016556	Check Total:	275.23
03585 COMMUNITY HOUSING COORDINATOR	103	31100	56	03-202-216	1,600.00	HOUSING PLAN APRIL 2008
	104	31261	56	03-207-216	5,000.00	IMPLEMENT NATURES WAY
	Check Date	4/17/2008	Check Nbr	016558	Check Total:	6,600.00

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04139 VALERIE DAVIS	030308	31100	53	09-102-331	25.30	MILEAGE
	030308	31100	53	09-104-331	7.07	MILEAGE
	Check Date	4/17/2008	Check Nbr	016559	Check Total:	32.37
04275 DIGICORPORATION	52664	31100	13	04-113-000	-32.90	
	52664	31100	51	04-106-291	50.58	BUSINESS CARDS
	52664	31731	54	10-149-291	124.32	BUSINESS CARDS
	52693	31100	55	07-201-291	3,215.71	SUMMER ACTIVITY GUIDE
	Check Date	4/17/2008	Check Nbr	016560	Check Total:	3,357.71
06065 FAMILY THERAPY & ANXIETY CTR	040808	31100	52	08-101-215	275.00	SERVICES PROVIDED/POLICE DEPT
	Check Date	4/17/2008	Check Nbr	016561	Check Total:	275.00
06115 FERRELLGAS	1021391226	31266	54	10-307-216	53.78	LIQUEFIED PETROLEUM GAS
	Check Date	4/17/2008	Check Nbr	016562	Check Total:	53.78
06355 FONDY AUTO ELECTRIC	A14794	31731	54	10-149-383	78.96	VEHICLE PART
	Check Date	4/17/2008	Check Nbr	016563	Check Total:	78.96
07080 GANNETT WISCONSIN NEWSPAPERS	0003293022	31100	51	04-101-292	765.83	LEGAL NOTICES
	Check Date	4/17/2008	Check Nbr	016564	Check Total:	765.83
07370 GRAPHIC ART PRODUCTIONS INC	145005	31100	52	08-101-291	983.05	PARKING TICKET COLLECTION ENV
	Check Date	4/17/2008	Check Nbr	016565	Check Total:	983.05
08054 STEPHANIE LYNN HALL	040908	31100	55	07-202-203	112.00	CLASS INSTRUCTION
	Check Date	4/17/2008	Check Nbr	016566	Check Total:	112.00

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08505 HORST DISTRIBUTING INC	448530	31731	54	10-149-383	108.30	SWEEPER FINGERS
	448531	31731	54	10-149-383	142.82	SWEEPER FINGERS
	Check Date 4/17/2008	Check Nbr 016567			Check Total: 251.12	
08537 HSBC BUSINESS SOLUTIONS	1296000028908	31100	51	04-109-310	2.99	AA BATTERY/IT
	1296000028908	31100	53	09-102-310	19.99	HP INK/HEALTH DEPT
	Check Date 4/17/2008	Check Nbr 016568			Check Total: 22.98	
09290 INTERSTATE BATTERY OF GREEN BA	90044382	31731	54	10-149-383	121.80	BATTERY
	Check Date 4/17/2008	Check Nbr 016569			Check Total: 121.80	
10130 DAVID JAGLA	040408	31100	52	08-101-338	19.30	MEALS/TRAINING
	Check Date 4/17/2008	Check Nbr 016570			Check Total: 19.30	
10242 DANA JOHNSON	122107	31100	21	04-229-000	20.00	OVERPAY PARKING TICKET 0004368
		31100	21	04-229-000	-20.00	VOID CHECK 15269
	Check Date 4/17/2008	Check Nbr 016571			Check Total: 0.00	
11165 KJ WASTE SYSTEMS INC	040108	31266	54	10-307-216	1,130.00	CONTAINER RENTAL
	Check Date 4/17/2008	Check Nbr 016572			Check Total: 1,130.00	
13045 MANDERFIELD BAKERY	289252	31827	53	09-212-300	47.70	BUNS/SHEET CAKE
	Check Date 4/17/2008	Check Nbr 016573			Check Total: 47.70	
13149 MATTHEWS COMMERCIAL TIRE CTR	024697	31731	54	10-149-382	6,100.00	TIRE SERVICE
	024241	31731	54	10-149-382	385.32	TIRE SERVICE
	Check Date 4/17/2008	Check Nbr 016574			Check Total: 6,485.32	
13255 KATIE MCLAIN	041408	31100	46	04-175-000	35.00	PARK CANCELLATION
	Check Date 4/17/2008	Check Nbr 016575			Check Total: 35.00	

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13345 MENARDS-APPLETON EAST	47714	31100	55	07-203-240	74.75	REMODEL AT POOL
	47992	31100	55	07-203-240	107.08	REPAIRS/POOL
Check Date	4/17/2008	Check Nbr	016576	Check Total:	181.83	
13360 MENASHA ELECTRIC & WATER UTILI	040108	31100	12	04-399-000	910.40	FIRE DEPT
	040108	31100	12	04-399-000	178.88	FIRE DEPT
	040108	31100	52	08-101-223	1,257.21	POLICE DEPT
	040108	31100	52	08-101-225	247.02	POLICE DEPT
	040108	31100	54	10-131-223	807.78	TRAFFIC LIGHTS
	040108	31100	54	10-131-225	103.29	TRAFFIC LIGHTS
	040108	31731	54	10-149-223	1,665.67	PWF
	040108	31731	54	10-149-225	586.15	PWF
	040108	31201	54	10-301-223	25.63	LIFT STATIONS
	040108	31266	54	10-308-223	8.48	RECYCLING
	040108	31100	55	06-101-223	2,732.32	LIBRARY
	040108	31100	55	06-101-225	440.86	LIBRARY
	040108	31100	55	07-202-223	1,356.67	PARKS
	040108	31100	55	07-203-223	136.80	SWIMMING POOL
	040108	31100	55	07-203-225	344.25	SWIMMING POOL
	040108	31100	55	10-215-223	344.92	LIFT BRIDGES
Check Date	4/17/2008	Check Nbr	016577	Check Total:	11,146.33	
13370 MENASHA EMPLOYEES CREDIT UNION		31100	21	04-299-020	1,860.00	
Check Date	4/17/2008	Check Nbr	016578	Check Total:	1,860.00	
13375 MENASHA EMPLOYEES LOCAL 1035		31100	21	04-299-031	225.00	
Check Date	4/17/2008	Check Nbr	016579	Check Total:	225.00	

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13440 MENASHA PUBLIC LIBRARY	041108	31100	55	06-101-311	62.95	PETTY CASH
	041108	31100	55	06-101-316	38.39	PETTY CASH
	041108	31100	55	06-101-338	5.98	PETTY CASH
	Check Date	4/17/2008	Check Nbr	016580	Check Total:	107.32
14010 N&M AUTO SUPPLY	211433	31731	54	10-149-383	4.18	SPARK PLUG
	211558	31731	54	10-149-383	19.24	LAMP
	211987	31731	54	10-149-383	44.57	FILTERS/LAMPS/SPARK PLUGS
	211067	31731	54	10-149-383	14.40	HANDLE
	Check Date	4/17/2008	Check Nbr	016581	Check Total:	82.39
14280 NETWORK SOLUTIONS INC	5023	31100	51	04-109-315	60.00	NETWORK CABLE FOR PROJECTS
	Check Date	4/17/2008	Check Nbr	016582	Check Total:	60.00
14325 NEWMAN TRAFFIC SIGNS	TI-0190498	31100	54	10-131-300	91.87	PARTS
	Check Date	4/17/2008	Check Nbr	016583	Check Total:	91.87
14520 NOVER ENGELSTEIN & ASSOCIATES	M2008	31100	51	04-109-243	600.00	ANNUAL SOFTWARE MAINTENANCE
	Check Date	4/17/2008	Check Nbr	016584	Check Total:	600.00
15080 OFFICEMAX INC	931643	31100	53	09-212-310	96.51	OFFICE SUPPLIES
	957591	31100	53	09-212-310	9.99	OFFICE SUPPLIES
	633510	31100	51	10-115-310	23.58	2ND FLOOR COPY PAPER
	633510	31100	54	10-111-310	62.54	OFFICE SUPPLIES/ENGINEERING
	633510	31100	55	07-201-310	6.14	OFFICE SUPPLIES/PARK & REC
	633510	31100	56	03-202-310	6.14	OFFICE SUPPLIES/COM DEV
	020195	31100	53	09-102-310	54.75	OFFICE SUPPLIES
	Check Date	4/17/2008	Check Nbr	016585	Check Total:	259.65



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03405 ONE COMMUNICATIONS	040208	31100	12	04-399-000	14.31	BUILD INSPECT
	040208	31100	12	04-399-000	416.91	MENASHA UTILITIES
	040208	31207	12	04-399-000	-30.29	MARINA
	040208	31100	51	01-102-221	10.50	MAYOR
	040208	31100	51	02-103-221	5.67	ATTORNEY
	040208	31100	51	02-104-221	18.32	CLERK
	040208	31100	51	02-105-221	16.00	PERSONNEL
	040208	31100	51	04-106-221	43.33	FINANCE
	040208	31100	51	04-107-221	5.19	ASSESSOR
	040208	31100	51	04-109-221	21.58	IT
	040208	31100	51	10-115-221	60.30	CITY HALL
	040208	31100	52	05-701-221	62.23	EOC
	040208	31100	52	08-101-221	344.53	POLICE
	040208	31100	53	09-102-221	88.06	HEALTH
	040208	31100	53	09-212-221	32.70	SENIOR
	040208	31100	54	10-111-221	64.12	ENGINEERING
	040208	31100	54	10-131-221	6.02	SIGN
	040208	31731	54	10-149-221	41.91	GARAGE
	040208	31100	55	06-101-221	168.58	LIBRARY
	040208	31100	55	07-201-221	22.66	RECREATION
	040208	31100	55	07-202-221	82.41	PARKS
	040208	31100	55	07-203-221	33.88	POOL
	040208	31100	55	10-215-221	34.32	BRIDGE
	040208	31100	56	03-202-221	26.87	COM DEV
Check Date 4/17/2008 Check Nbr 016557 Check Total:					1,590.11	
16025 PACKER CITY INTERNATIONAL	3280910051	31731	54	10-149-383	-286.00	GEAR RETURN
	3280850078	31731	54	10-149-383	64.98	ELELMENTS
Check Date 4/17/2008 Check Nbr 016587 Check Total:					-221.02	

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16273 ROGER PICARD	032808	31100	52	08-101-333	6.85	MEALS
	032808	31100	52	08-101-338	17.30	MEALS
	Check Date	4/17/2008	Check Nbr	016588	Check Total:	24.15
16300 PIGGLY WIGGLY #24	00230022	31100	55	07-201-300	11.56	DANCE SHOW SUPPLIES
	5347	31827	53	09-212-300	67.97	APRIL PARTY
	Check Date	4/17/2008	Check Nbr	016589	Check Total:	79.53
18280 RESERVE ACCOUNT	041508	31100	13	04-109-000	6,000.00	REPLENISH POSTAGE METER ACCT
	Check Date	4/17/2008	Check Nbr	016590	Check Total:	6,000.00
18370 RIESTERER & SCHNELL INC	486920	31731	54	10-149-383	48.49	TAIL LAMPS
	486972	31731	54	10-149-383	-20.97	OIL FILTER/TAIL LAMPS
	Check Date	4/17/2008	Check Nbr	016591	Check Total:	27.52
19775 SUPERIOR CHEMICAL CORP	53944	31100	55	07-202-313	2,418.25	CLEANING SUPPLIES
	53945	31100	13	04-106-000	2,260.00	HOUSEKEEPING SUPPLIES
	Check Date	4/17/2008	Check Nbr	016593	Check Total:	4,678.25
20150 THEDA CLARK MEDICAL CENTER	040908	31262	52	08-101-337	500.00	CONFERENCE REGISTRATION
	Check Date	4/17/2008	Check Nbr	016594	Check Total:	500.00
21045 UNIFIRST CORPORATION	0970029683	31731	54	10-149-201	80.58	MAT/MOP/CLOTHING PROTECTION
	Check Date	4/17/2008	Check Nbr	016595	Check Total:	80.58
15190 VEOLIA ENVIRONMENTAL SERVICES	B4190272	31100	12	04-399-000	75.28	BROAD ST PARKING LOT
	Check Date	4/17/2008	Check Nbr	016586	Check Total:	75.28
23130 WAVERLY SANITARY DISTRICT	032708	31100	55	07-202-225	39.91	BARKER FARM PARK PAVILION
	Check Date	4/17/2008	Check Nbr	016596	Check Total:	39.91

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23152 WE ENERGIES	033108	31100	53	09-102-224	25.60	316 RACINE ST
	033008	31100	55	07-202-223	9.21	NORTH ST
	040408	31100	55	07-202-223	34.91	MENASHA CONSERVANCY
	033008	31100	55	07-202-223	8.24	NORTH ST
Check Date	4/17/2008	Check Nbr	016597	Check Total:	77.96	
23160 WERNER ELECTRIC SUPPLY CO	S2419292.001	31100	13	04-106-000	221.40	INVENTORY SUPPLIES
	S2422712.001	31100	13	04-106-000	-96.30	RETURN CREDIT
	S2422716.001	31100	13	04-106-000	-94.44	SYL 67514 LU100/ECO
	S2422716.001	31100	13	04-106-000	94.44	REVERSE DEBIT ENTRY
	S2422716.001	31100	13	04-106-000	94.44	BULB STOCK
Check Date	4/17/2008	Check Nbr	016598	Check Total:	219.54	
23270 WINNEBAGO CO REGISTER OF DEEDS	RD100987	31261	56	03-207-216	21.00	MORTGAGE COPIES
Check Date	4/17/2008	Check Nbr	016599	Check Total:	21.00	
23275 WINNEBAGO COUNTY TREASURER	LF113221	31100	54	10-304-250	7,615.18	LANDFILL FACILITY
	LF113221	31100	54	10-305-216	2,437.79	LANDFILL FACILITY
	LF113221	31266	54	10-307-216	1,622.46	LANDFILL FACILITY
Check Date	4/17/2008	Check Nbr	016600	Check Total:	11,675.43	
23277 WINNEBAGO COUNTY UW-EXTENSION	040708	31100	55	07-202-206	33.50	SOIL TESTS
Check Date	4/17/2008	Check Nbr	016601	Check Total:	33.50	
23455 WISCONSIN SUPPORT COLLECTIONS		31100	21	04-299-015	436.31	
		31100	21	04-299-016	138.40	
Check Date	4/17/2008	Check Nbr	016602	Check Total:	574.71	

Date: Thursday, April 17, 2008  
Time: 09:41AM  
User: MGRIESBACH

**CITY OF MENASHA**  
**Check Register - w/Alternate Description**

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Report: 03630Alt.rpt  
Company: 31100

Vendor ID / Name	Invoice Nbr	CpnyID	Acct	Subaccount	Amount	Invoice Description
26200 ZARNOTH BRUSH WORKS INC	116248	31100	54	10-123-300	812.00	BEARINGS/SEAL RINGS
Check Date	4/17/2008	Check Nbr	016603	Check Total:	812.00	
Grand Total:					63,331.93	